

CHAC Minutes for June 6, 2008

Moderator : Sherrod Beall

Present: Bill Warren, Dianne Donavon, Bob Juskevich, Kip Boyd, Eileen Wasserbach, Jenny Wren, Jeanine Justice, Lisa Schwantes, Ellen Roberts

1. Community Updates

“Rising Cost, Low Quality Healthcare” – Lisa Schwantes. Senator Ken Salazar remains committed to looking at healthcare. Response - this remains a complex issue that will most likely have to be addressed on the federal level beginning with Medicaid and Medicare.

IAK/Colorado Kids Campaign Forum/SBHCs – Sherrod Beall Forum presented on May 29th. It's About Kids is the local community organizing arm of the Colorado Kids Campaign, lead by Tara Trujillo, who presented some 2008 data on La Plata County and Colorado concerning children. One very surprising statistic is that Colorado has one of the fastest increasing rates in poverty for children. The purpose of the forum was to engage local child advocates in dialogue that will lead to action steps to improve children's health in La Plata County. A small group will reconvene to look at some of those action items. La Plata County already has a tremendous number of programs in place. Issues that were of concern to those attending included: increased Medicaid reimbursement, free universal vaccine program for all children, mapping of current local available services for children, increased access to dental care, complex process for putting kids on CHP+ & Medicaid, lack of funding for getting families enrolled, documentation of the true number of kids without access to care in La Plata County • The School Based Health Center at Durango High School continues to expand and planning for one to open at Florida Mesa Elementary in the fall of 2009 will begin this year. Part of the planning process will be developing some kind of system that sbhcs can be a part of. DHS SBHC continues to partner on multiple projects with San Juan Basin Health.

Value Based Purchasing /Social Workers– Kip Boyd Beginning in October, Medicare is mandating that hospitals increase the number of core measure that must be tracked in order to get paid. There will be an additional 73 required documented measures for hospitalized Medicare patients in addition to the 20 process measures that are currently tracked. There is no funding for hospitals to track these measures. There is no increased pay for increased quality or performance. Hospitals will be financially penalized for not meeting pay for performance measures, patient satisfaction measures, and certain hospital acquired conditions. Although Mercy already meets more than 90% of the current measures, they may be penalized \$50K-100K/year for not meeting the other 10%. • Lack of social workers to help people find services – many providers in the community are sending people to Mercy to utilize their social workers even though they are not patients of Mercy. We can't continue to do that, obviously. If we had some kind of system that was linked by electronic medical record (EMR) and then could share a community social worker that anyone in that system could utilize – that would be beneficial. EMR opens up all kinds of problems with breaches of confidentiality and that would have to be overcome. Humans are just very curious.

Healthy Lifestyles La Plata – Jenine Justice Several new prevention programs are being introduced into La Plata county through Healthy Lifestyles. Colorado Clinical Guidelines Collaborative will be offering a continuing education program for health care providers at Mercy on Sept 10 from 4-8 PM on preventive guidelines for adults with chronic illnesses in the areas of obesity management, diabetes management, and heart disease. Cat 1 CME credits will be offered to encourage physician attendance. Operation Frontline will start in the fall and provide classes on healthy food purchasing and cooking classes for those making 100-185% of the Federal Poverty Level. Classes will target families, parent & teens, and teens alone. Health Lifestyles La Plata also has funds to be used in the community for other obesity prevention programs.

2008 Legislative Update – Ellen Roberts Ellen handed out a publication that summarizes the Blue Ribbon Commission for Health Care Reform that was published in Jan 2008. She emphasized the tremendous work that was done by the Commission to move Colorado forward in laying out a vision for change. Some people were disappointed in not having a final product, specifically a one payer system, without realizing that this is a dynamic process and that the change in leadership at the federal level will have a major impact on how health care change plays out over time at the state. She mentioned some of the health care bills that she was involved in this past session such as expanding the signing authority for advance practice nurses, working to defeat SB 164 regarding medical malpractice that threatened the number of physicians in rural Colorado, and an initiative called Referendum O to reform the process for amending the Colorado constitution. She emphasized that we can not move significantly forward on roads, schools, or health care until there is constitutional reform on the fiscal policy that is in the state constitution. She shared a document from the Colorado Health Institute that profiles SW Colorado Demographics in Health published in 12/2007 and available on the CHI website – coloradohealthinstitute.org. This document looks at what exists in SW Colorado healthcare-wise on a policy level. An additional paper that is not on the website but may be in electronic form outlines their recommendations with regard to Options. Ellen would like the CHAC to look at both of these papers and serve as a think tank in helping her analyze their content. Ellen will distribute these documents to the group through Sherrod. Also, Bob Over, the “nonprofit guy” will be giving a course this fall through Fort Lewis College on aligning non-profits and increasing their effectiveness. Ellen will be presenting at one of the classes of that course this fall. We may want to invite him to a CHAC meeting to get his perspective and enhance our own process.

2. Relationship between CHAC and HS-SC and the role of CHAC

There was overall consensus that the CHAC should continue and is a vital component in the county health care development process because of its broad community representation, non-linear creative process, and ability to support dissent and conflicting opinions. The CHAC is also a known, trusted entity in the community and the main medium for sharing health care information within the county and the state. Anyone can attend who is interested and all levels of expertise are valued. The idea that the CHAC is a “think tank” and does not have to account for its existence based on tasks accomplished seemed an exciting and appealing concept to all at the meeting.

Specific opinions of the individuals at the meeting without identifying those individuals are summarized as follows:

- The role of the CHAC was taken away by the HS-SC which consists of individuals/organizations with money and power. In my experience, the group with money and power such as the HS-SC makes all of the decisions and community groups are ignored. I worry about that and of course, wonder, what then is the role of the CHAC.
- HS-SC is a good thing because it is easier for small groups to get things done. The CHAC is not good at accomplishing specific tasks but should be providing information and feedback to the steering committee or HS-SC.
- The HS-SC will make the decisions about healthcare because they do represent the money in the community but all of their strategies should be vetted through the CHAC because the focus of the HS-SC is business oriented and much more narrow than the CHAC. They are making decisions that effect not just their businesses, but the entire community.
- The HS-SC should be a working sub-committee of the CHAC, not vice-versa. They have specific tasks to accomplish but there are many more issues in health care that need to be addressed and will continue. Those issues need to be aired in a larger context such as the CHAC. I am concerned about the lack of a sliding scale fee at the Health Services Clinic. The uninsured are not being seen and we must continue to press that issue. THE HS-SC has only had two meetings and many of those members are members of the CHAC so there will be communication between the two groups. Perhaps that

communication process needs to be formalized. • It does feel like the scope of work of the CHAC got pre-empted by the HS-SC. There needs to be recognition that we want to work on issues and want to be doing something. The representation on the HS-SC does not include Bayfield or Ignacio, only the tribe. That concerns me. • Since HS-SC represents power and money, it is important to me that CHAC represent the interests of those without a voice, without the power. We must be the voice for the uninsured in the county. • I like how ideas percolate through the CHAC. There is a sense and feeling of quality about the group that I enjoy. • My concern is that the leadership of HS-SC does not want CHAC involved in their process. It isn't really dislike, but a lack of value for what we do. A precedent was set by the PHCCC of excluding CHAC in order to accomplish their task. In the HS-SC minutes, it was said that they would write their own grant to obtain funds to pay professional staff and would use already existing CHAC funds to write a paper about the system that currently exists as well as bring in Mark Wallace as a speaker. CHAC should benefit from all of those endeavors, not be excluded. • There is definitely a lack of acknowledgement and respect from HS-SC to CHAC. Money does imply control. However, the ability of a group to process ideas is an invaluable part of change. It is non-linear thinking which is very different from what accomplishing tasks is all about. That is only part of a process. The roles of the two groups need to be defined more appropriately and there needs to be respect expressed for the value of both roles • We must continue through the summer because we have too much to consider to stop. This is important.

Future Ideas and Action Items

- Continue CHAC throughout the summer. Don't meet in July (July 4th) – pick up in August. Next Date : Friday August 1, 2008.
- CHAC will be a think tank for processing the ideas presented in the papers by the Colorado Health Institute and work with Representative Roberts as one of our next projects. Sherrod will distribute the papers to CHAC members to evaluate. Our first meeting with Rep Roberts will be August 1.
- Rotate facilitation and note-taking role of CHAC through-out the year and give everyone a chance to lead. Sherrod will discuss this with Marsha & Missy and get back to the group by e-mail.
- Request a letter from HS-SC acknowledging the different roles that CHAC and HS-SC play and defining the relationship between the two groups . The purpose of the letter is to generate a sense of respect for both processes – accomplishing tasks and long term processing of ideas. Hopefully, this will strengthen the relationship and ensure community input. Lynn will follow-up at next HS-SC meeting.
- Consider sharing a secretary with HS-SC for both meetings and HS-SC could use the chaclapata.org website to share information. Continue to maintain and update that website.